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| CLAIMS ONLY | Application Number | 10-616429 | Filing Date | 9-2-05 |
| | Applicant(s) | | | |

10-616424

4-2-05

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| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| 43 | 1 | | | | | |
| 44 | | 1 | | | | |
| 45 | | 1 | | | | |
| 46 | | 1 | | | | |
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| 48 | 1 | | | | | |
| 49 | | | | | | |
| 50 | | | | | | |
| Total Indep | 3 | | | | | |
| Total Depend | 10 | | | | | |
| Total Claims | 13 | | | | | |

May be used for additional claims or amendments

| | Indep. | Depend. | Indep | Depend | Indep | Depend |
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| 64 | | 1 | | | | |
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| 68 | | 1 | | | | |
| 69 | | 1 | | | | |
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| Total Indep | | | | | | |
| Total Depend | | | | | | |
| Total Claims | | | | | | |